THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1953

State File No. 17059

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5116 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Boone Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark R.F.D.
c. LENGTH OF STAY (in this place): 2 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of F.L. Fayseth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk 0840 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halfway Mo.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Wm.
b. (Middle): Trifoosia
c. (Last): Dodd

4. DATE OF DEATH (Month) (Day) (Year): June 7, 53

5. SEX: Mo
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct 3, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John J. Dodd
13b. MOTHER'S MAIDEN NAME: Pernelia Oglesby
14. NAME OF HUSBAND OR WIFE: Ida B. Dodd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Arthur Dodd — ADDRESS: Halfway Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 18 M

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemiplegia Right — June 5-53
DUE TO (c) Previous Hemiplegia — Feby 53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 352X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1953, *to* June 7, 1953, *that I last saw the deceased alive on* June 7, 1953, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.R. McCanas M.D.
23b. ADDRESS: Sturgeon Mo
23c. DATE SIGNED: June 7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hope Cem
24d. LOCATION (City, town, or county) (State): Polk Co Mo.

DATE REC'D BY LOCAL REG.: June 8-1953
REGISTRAR'S SIGNATURE: Maud McBride 30-0
25. FUNERAL DIRECTOR'S SIGNATURE: Willard B. Erwin — ADDRESS: Pleasant Hope Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Willard L. Erwin

Signed.....
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Bolivar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.